

12/01/2000 09:06

408-6174856

PSUC CIP

PAGE 02/24

DECLARATION and POWER OF ATTORNEYAttorney's Docket No. **US 008061**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled **SCREEN RASTER GENERATION VIA PROGRAMMABLE LOOKUP TABLES**,

the specification of which (check one)

☒ is attached hereto. ___ was filed on as Application Serial No. ___ and was amended on ___ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above. I acknowledge the duty to disclose information that is material to the patentability of this application in accordance with Title 37, Code of Federal Regulation, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

| COUNTRY | APPLICATION NUMBER | DATE OF FILING (DAY, MONTH, YEAR) | PRIORITY CLAIMED UNDER 35 U.S.C. 119 |
|---------|--------------------|--------------------------------------|---|
| | | | |
| | | | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR UNITED STATES APPLICATION(S)

| APPLICATION SERIAL NUMBER | FILING DATE | STATUS (PATENTED, PENDING, ABANDONED) |
|---------------------------|-------------|---------------------------------------|
| | | |
| | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

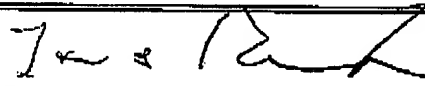
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Michael E. Marion, Reg. No. 32,266

Jack E. Haken, Reg. No. 26,902

Edward Blocker, Reg. No. 30,245

| SEND CORRESPONDENCE TO: | DIRECT TELEPHONE CALLS TO: |
|--|--|
| Corporate Patent Counsel; U.S. Philips Corporation; 580 White Plains Road; Tarrytown, NY 10591 | Corporate Patent Counsel (914) 332-0222 |

| | | | | |
|-------------------------|------------------------------------|--|--|--------------------------|
| Dated: 11-14-2000 | | Inventor's Signature:  | | |
| Full Name of Inventor | Last Name Rennert | First Name (and Middle, if any) Jens | | |
| Residence & Citizenship | City Santa Clara | State or Foreign Country CA | Country of Citizenship Germany | |
| Post Office Address | Street 2050 Larsen Place | City Santa Clara | State or Country USA | Zip Code 95051 |

12/01/2000 09:06 408-64856

PSUC CIP

PAGE 03/24

| | | | | |
|-------------------------|--------------------------------|--|-----------------------------------|-------------------|
| Dated: 11-14-2000 | | Inventor's Signature: P. E. L. 8 | | |
| Full Name of Inventor | Last Name Escherich | First Name (and Middle, if any) Ralph | | |
| Residence & Citizenship | City Sunnyvale | State or Foreign Country CA | Country of Citizenship Germany | |
| Post Office Address | Street 655 Manzanita Avenue | City Sunnyvale | State or Country USA | Zip Code 94086 |

| | | | | |
|-------------------------|-----------|---------------------------------|------------------------|----------|
| Dated: | | Inventor's Signature: | | |
| Full Name of Inventor | Last Name | First Name (and Middle, if any) | | |
| Residence & Citizenship | City | State or Foreign Country | Country of Citizenship | |
| Post Office Address | Street | City | State or Country | Zip Code |

| | | | | |
|-------------------------|-----------|---------------------------------|------------------------|----------|
| Dated: | | Inventor's Signature: | | |
| Full Name of Inventor | Last Name | First Name (and Middle, if any) | | |
| Residence & Citizenship | City | State or Foreign Country | Country of Citizenship | |
| Post Office Address | Street | City | State or Country | Zip Code |

| | | | | |
|-------------------------|-----------|---------------------------------|------------------------|----------|
| Dated: | | Inventor's Signature: | | |
| Full Name of Inventor | Last Name | First Name (and Middle, if any) | | |
| Residence & Citizenship | City | State or Foreign Country | Country of Citizenship | |
| Post Office Address | Street | City | State or Country | Zip Code |

| | | | | |
|-------------------------|-----------|---------------------------------|------------------------|----------|
| Dated: | | Inventor's Signature: | | |
| Full Name of Inventor | Last Name | First Name (and Middle, if any) | | |
| Residence & Citizenship | City | State or Foreign Country | Country of Citizenship | |
| Post Office Address | Street | City | State or Country | Zip Code |